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ADMITTED ONLY IN JAPAN**FACSIMILE TRANSMISSION****Date:** 12/26/2007**To:** USPTO**Fax No.:** 571-273-8300**Pages:** 27 (including this page)**From:** Cynthia K. Nicholson**Subject:** **Amendment****Comments:**

Applicant: Murase	Serial No.: 10/694,407
Filing Date: 10/28/2003	Atty Dkt.: 01-495
Title: SYSTEM AND PROGRAM FOR REPRODUCING INFORMATION	
<p>Attached please find:</p> <p>(1) Transmittal form;</p> <p>(2) Fee transmittal form; and</p> <p>(3) 24-page Amendment.</p>	

CERTIFICATE OF FACSIMILE TRANSMISSION

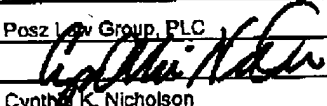
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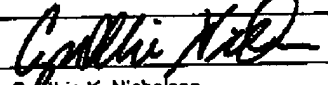
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/694,407	RECEIVED CENTRAL FAX CENTER DEC 26 2007
	Filing Date	10/28/2003	
	First Named Inventor	MURASE	
	Art Unit	2626	
	Examiner Name	Donald L. STORM	
Total Number of Pages in This Submission	Attorney Docket Number	01-495	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Posz Law Group, P.L.C.		
Signature			
Printed name	Cynthia K. Nicholson		
Date	26 December 2007	Reg. No.	36,860

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Cynthia K. Nicholson	Date	26 December 2007

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METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-1147</u> Deposit Account Name: <u>Posz Law Group, PLC</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																																																																																																																																
FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid (\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>\$</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td></td> </tr> <tr> <td>Provisional</td> <td>160</td> <td>80</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table> 2. EXCESS CLAIM FEES <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th>Fee Description</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent</td> <td>210</td> <td>105</td> </tr> <tr> <td>Multiple dependent claims</td> <td>370</td> <td>185</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th colspan="2">Multiple Dependent Claims</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>33</td> <td>- 20 or HP = 13</td> <td>x</td> <td>50</td> <td>=</td> <td>650</td> <td></td> </tr> <tr> <td colspan="7">HP = highest number of total claims paid for, if greater than 20</td> </tr> <tr> <td colspan="2">Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">- 3 or HP = 2</td> <td>x</td> <td>210</td> <td>=</td> <td>420</td> <td></td> </tr> <tr> <td colspan="7">HP = highest number of independent claims paid for, if greater than 3</td> </tr> </tbody> </table> 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ _____ (\$ for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 100 =</td> <td>/ 50 =</td> <td>(round up to a whole number) x</td> <td></td> <td></td> </tr> </tbody> </table> 4. OTHER FEE(S) Non-English Specification. \$130 fee (no small entity discount) Other: _____				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100	\$	Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	160	80	0	0	0	0		Fee Description	Small Entity Fee (\$)	Fee (\$)	Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	210	105	Multiple dependent claims	370	185	Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims							Fee (\$)	Fee Paid (\$)	33	- 20 or HP = 13	x	50	=	650		HP = highest number of total claims paid for, if greater than 20							Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			- 3 or HP = 2		x	210	=	420		HP = highest number of independent claims paid for, if greater than 3							Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	- 100 =	/ 50 =	(round up to a whole number) x		
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SUBMITTED BY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Signature</td> <td style="width: 30%;"></td> <td style="width: 20%;">Registration No. (Attorney/Agent) 36,880</td> <td style="width: 20%;">Telephone (703) 707-9110</td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="2">Cynthia K. Nicholson</td> <td>Date 26 December 2007</td> </tr> </table>				Signature		Registration No. (Attorney/Agent) 36,880	Telephone (703) 707-9110	Name (Print/Type)	Cynthia K. Nicholson		Date 26 December 2007																																																																																																																					
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02 FC:1202 650.00 DA

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: MURASE et al.	Atty. Dkt.: 01-495
Serial No.: 10/694,407	Art Unit: 2626
Filed: 10/28/2003	Examiner: Donald L. STORM
Title: SYSTEM AND PROGRAM FOR REPRODUCING INFORMATION	

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date: 26 December 2007

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Typed Name: Cynthia K. Nicholson

Signature: **AMENDMENT UNDER 37 CFR 1.111**

Sir:

In response to the office action mailed 26 September 2007, please amend the application

as follows:

Amendments to the Specification begin on page 2 of this paper.**Amendments to the Claims** are reflected in the listing of claims that begins on page 3 of this paper.**Remarks** begin on page 19 of this paper.